The Employer Retiree Return to Work Invoice

General Information

A Retiree Return to Work Invoice is sent to an employer when a retiree has been reported as having worked in excess of 867 hours. The employer will receive an invoice when the retiree exceeds 867 hours for all hours reported as worked during the fiscal/calendar year. A monthly invoice will then be sent to the employer for the addition hours reported each month during the remainder of the year. These billings are sent only to employers of PERS Plan1 or TRS Plan1 retirees.

If you have questions about an invoice you receive, call the telephone number printed at the bottom of your invoice. An example of a Retiree Return to Work Invoice is shown on the following page. Do not report these contributions or payments on your transmittal report.



STATE OF WASHINGTONDEPARTMENT OF RETIREMENT SYSTEMS

P.O. Box 9018 • Olympia, WA 98507-9018

CITY OF SOMEWHERE Invoice Date: 03/01/2002

1234 SOMEWHERE ST Invoice Nmbr: 12345678

SUITE #1234 **Due Date: 04/15/2002**

MIDTOWN USA 99999-9999 Org ID: 0865

Report Group: 5000 System Plan: P1

Reason for invoice: Retiree Return To Work (RRTW).

This invoice represents employer contributions due for the retirees(s) listed below, as a result of having worked in excess of 867 hours, and is calculated using the system/plan from which they retired.

		Period	Employer		Total
Name	Soc Sec Num	Begin End	Contribute	Expenses	Amount .
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	123-45-6789	01/2002 08/2002	30.08-	4.60-	34.68-
			721.92	110.40	832.32

Invoice Amt:1764.64-

Your Statement of Account Activity will show this amount as line item EB.

Please submit payment to: Department of Retirement Systems
P.O. Box 9018
Olympia WA 98507-9018

If you have questions, please call (360) 664-7200 Or 1 (800) 547-6657 press 6.